

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
MD ISLAM, DOH OUATTARA, ABDUL RUMON,
HARNEK SINGH, and NEW YORK TAXI
WORKERS ALLIANCE,

Plaintiffs,

Civil Action No. 20-cv-2328
(LDH)

-Against-

**DECLARATION OF
IBRAHIM DIALLO**

ANDREW CUOMO, GOVERNOR OF THE STATE
OF NEW YORK, THE NEW YORK STATE
DEPARTMENT OF LABOR, and ROBERTA
REARDON, as COMMISSIONER OF LABOR,

Defendants.

-----X

IBRAHIM DIALLO hereby declares as follows:

1. I am a Law Graduate employed by the New York Taxi Workers Alliance (“NYTWA”), a membership based organization for New York City TLC licensed drivers. I started working at NYTWA on May 18, 2020.
2. I began my employment with NYTWA several months earlier than planned in order to assist members with the Unemployment Insurance (“UI”) and Pandemic Unemployment Assistance (“PUA”) application process due to the overwhelming need caused by the COVID-19 pandemic.
3. Since the end of May, I have created educational materials about the application process, including step-by-step guides; hosted frequent online workshops; and held individual counseling sessions with members to help them navigate the unemployment insurance application process.

4. The NYTWA has more than 23,000 members and approximately half of them drive for app-based For-Hire Vehicle (“FHV”) companies including Uber, Lyft, and Via.

5. From the contacts I have had with members, the vast majority of the app-based FHV drivers have not yet received the full amount of UI benefits to which they are entitled.

6. I began assisting FHV drivers with the benefit reconsideration process on or around May 18, 2020, and have assisted dozens of members with this process over the last two months. In the two months that I have been working with the NYTWA, there has been a sustained volume of our FHV members requiring assistance with UI. The vast majority of my time has been dedicated to assisting drivers with UI issues, including filing Requests for Reconsideration.

7. Currently, drivers only receive a Request for Reconsideration form when they receive a hardcopy \$0 Monetary Benefit Determination (“MBD”) in the mail. Drivers typically receive this mailing several weeks after submitting an initial UI application.

8. In order to file a reconsideration one must: complete a request for reconsideration form, attached herein as Exhibit A; gather any supporting documents about the claimant’s wage and earnings data; and submit the completed request for reconsideration form along with any supporting documents to the Department of Labor (“DOL”) via mail or fax.

9. The Request for Reconsideration form requires that claimants list quarterly earnings. Additionally, claimants are instructed to submit documentation about their wage data. Most drivers submit 1099s or summaries of their earnings from their employer’s online portal.

10. The overwhelming number of drivers I have assisted with reconsiderations have struggled with the process. The majority of our members speak English as a second language. The process also currently requires that members print, copy, and then mail or fax documentation, effectively requiring members to leave their homes and go to the post office or

find a facility to print and send faxes. This is particularly troubling for members who are at higher risk for COVID-19 because they are above 60 or immunocompromised.

11. Although several drivers have received revised benefit amounts under PUA, to my knowledge, the overwhelming majority of the drivers we have assisted have not received any communication from the Department of Labor regarding the status of their reconsideration.

12. To my knowledge, none of the drivers I have assisted with requests for reconsideration have received revised UI benefit amounts or revised UI Monetary Benefit Determinations.

I declare under penalty of perjury that the foregoing is true and correct.

Executed: July 15, 2020

A handwritten signature in black ink, reading "Ibrahim Diallo", is written above a horizontal line.

Ibrahim Diallo

EXHIBIT A



Department of Labor
PO Box 15130
Albany, NY 12212-5130
www.labor.ny.gov

IMPORTANT!

This form must be received within 30 calendar days from the Date Mailed of your last Monetary Benefit Determination. **Please print clearly. If you do not, we cannot process this form.**

Unemployment Insurance Request for Reconsideration

Please print clearly

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Claim Effective/Start Date: ____/____/____ Social Security number: XXX-XX-____

Form requirements

To correct wages and/or add wages not reflected on your Monetary Benefit Determination, follow the instructions below.



- Complete the employer and quarterly wage information below using black or blue ink.
- Include any documentation that could be considered proof of employment and wages such as pay stubs, W-2s, 1099s, vouchers, checks, tips, bonuses, meals, lodging, commissions, vacation pay and records of employment and/or payment.
- Do not send originals; photocopy all supporting documentation onto 8½ x 11 single-sided paper.
- Write your name, the last four digits of your Social Security number and your phone number on each attachment.
- If you received worker's compensation, include a copy of your most recent Subsequent Report of Injury (SROI) filing.
- This completed form and all attachments must be received within the time frame noted above in the IMPORTANT! message. Please print clearly. **If you do not, we cannot process this form.**

**Employer Information**

Please print clearly. Attach an additional page if you have information for more than (3) three employers.

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
If work was performed outside New York State,
indicate state: _____

Basic or Alternate Base Period Total Quarterly Gross Wages

Write in the total quarterly gross wages for each employer / quarter indicated. Refer to your most recent Monetary Benefit Determination for assistance.

Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
If work was performed outside New York State,
indicate state: _____

Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
If work was performed outside New York State,
indicate state: _____

Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____
Quarter: ____/____/____ - ____/____/____ \$ _____, _____ . _____

Certification

I certify that the above information is true to the best of my knowledge and I am aware that there are penalties for making false statements. I understand I will be notified of the results of my request.

Signature (Required)

Date

Area code Telephone number

Return instructions This notice and all attachments must be received within the time frame noted above in the IMPORTANT! message.



Fax: 518-457-9378. This notice is your cover page. Indicate total number of pages ____.

OR



Mail: New York State Department of Labor, P.O. Box 15130, Albany, NY 12212-5130.



Claim weekly benefits at www.labor.ny.gov
or call Tel-Service at 888-581-5812.



For more information
visit: www.labor.ny.gov.



For help, see the claimant handbook
at www.labor.ny.gov/uihandbook.